FORM PTO-1449

INFORMATION DISCLOSURE

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EXAMINER INITIALS		DOCUMENT NO.	DATE	NAME OF	NAME OF INVENTOR		SUBCLASS	FILING DATE IF APPROPRIATE	
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EXAMINER /Barbara S. Frazier/					DATE CO	DATE CONSIDERED 07/31/2008			
EXAMINER: INITIAL	. IF CITA	TION CONSIDERED, WI	HETHER OR I	NOT CITATIO	N IS IN CONFORM	ANCE WITH M	PEP 609; DRAW	LINE THORUGH	